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PTO/SB/22 (08-03)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 017518-000130US																																				
In re Application of COOPER, Thomas G.																																						
Application Number 10/004,399		Filed October 30, 2001																																				
For TELEPRESENCE SYSTEM AND METHOD USING SURGICAL ASSEMBLIES AND MOUNTING JOINTS																																						
Art Unit 3739		Examiner Leubecker, John P.																																				
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr><td><input type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$420</td></tr> <tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>A check in the amount of the fee is enclosed.</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Payment by credit card. Form PTO-2038 is attached.</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>The Director has already been authorized to charge fees in this application to a Deposit Account.</td><td></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.</td><td></td></tr> </table> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <table> <tr><td><input type="checkbox"/></td><td>assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>attorney or agent of record. Registration Number 42,396</td></tr> <tr><td><input type="checkbox"/></td><td>attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____.</td></tr> </table> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>19 August 2004</p> <p>Date</p> <p><i>[Signature]</i></p> <p>Nathan S. Cassell, Reg. No. 42,396</p> <p>Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$	<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$420	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$	<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.		<input type="checkbox"/>	A check in the amount of the fee is enclosed.		<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.		<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number 42,396	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____.
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PAGE 3/3 • RCVD AT 8/19/2004 7:45:26 PM [Eastern Daylight Time] • SVR:USPTO-EPXRF-1.0 • DMS:8729308 • CGID:16503262422 • DURATION (mm:ss):02:02

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